

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.01890815

Gross Claim	\$	88,658.08
Net Claim / Payment Amount	\$	88,658.08
YTD Amount:	\$	264,058.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00001163

Gross Claim	\$	54.53
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Net Claim / Payment Amount	\$	54.53
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YTD Amount:	\$	162.36
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00105165

Gross Claim	\$	4,931.06
Net Claim / Payment Amount	\$	4,931.06
YTD Amount:	\$	14,686.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.01178335

Gross Claim	\$	55,250.74
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Net Claim / Payment Amount	\$	55,250.74
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YTD Amount:	\$	164,558.35
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00147660

Gross Claim	\$	6,923.60
Net Claim / Payment Amount	\$	6,923.60
YTD Amount:	\$	20,621.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000080A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00019050

Gross Claim	\$	893.23
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Net Claim / Payment Amount	\$	893.23
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YTD Amount:	\$	2,660.39
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00955050

Gross Claim	\$	44,781.17
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Net Claim / Payment Amount	\$	44,781.17
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YTD Amount:	\$	133,375.86
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00162855

Gross Claim	\$	7,636.08
Net Claim / Payment Amount	\$	7,636.08
YTD Amount:	\$	22,743.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00472363

Gross Claim	\$	22,148.54
Net Claim / Payment Amount	\$	22,148.54
YTD Amount:	\$	65,966.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1000080A
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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.05196737

Gross Claim	\$	243,668.87
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Net Claim / Payment Amount	\$	243,668.87
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YTD Amount:	\$	725,741.43
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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00107930

Gross Claim	\$	5,060.71
Net Claim / Payment Amount	\$	5,060.71
YTD Amount:	\$	15,072.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
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Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00564860

Gross Claim	\$	26,485.62
Net Claim / Payment Amount	\$	26,485.62
YTD Amount:	\$	78,884.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00797593

Gross Claim	\$	37,398.19
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Net Claim / Payment Amount	\$	37,398.19
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YTD Amount:	\$	111,386.41
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CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00012217

Gross Claim	\$	572.84
Net Claim / Payment Amount	\$	572.84
YTD Amount:	\$	1,706.21

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.02875887

Gross Claim	\$	134,846.95
Net Claim / Payment Amount	\$	134,846.95
YTD Amount:	\$	401,627.11

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00593970

Gross Claim	\$	27,850.55
Net Claim / Payment Amount	\$	27,850.55
YTD Amount:	\$	82,949.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00353003

Gross Claim	\$	16,551.89
Net Claim / Payment Amount	\$	16,551.89
YTD Amount:	\$	49,297.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00166597

Gross Claim	\$	7,811.54
Net Claim / Payment Amount	\$	7,811.54
YTD Amount:	\$	23,265.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.14426223

Gross Claim	\$	676,428.60
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Net Claim / Payment Amount	\$	676,428.60
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YTD Amount:	\$	2,014,669.33
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00565652

Gross Claim	\$	26,522.75
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Net Claim / Payment Amount	\$	26,522.75
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YTD Amount:	\$	78,995.21
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.01222963

Gross Claim	\$	57,343.29
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Net Claim / Payment Amount	\$	57,343.29
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YTD Amount:	\$	170,790.73
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00031425

Gross Claim	\$	1,473.48
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Net Claim / Payment Amount	\$	1,473.48
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YTD Amount:	\$	4,388.60
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00153800

Gross Claim	\$	7,211.50
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Net Claim / Payment Amount	\$	7,211.50
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YTD Amount:	\$	21,478.68
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.01417910

Gross Claim	\$	66,484.13
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Net Claim / Payment Amount	\$	66,484.13
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YTD Amount:	\$	198,015.78
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00018635

Gross Claim	\$	873.77
Net Claim / Payment Amount	\$	873.77
YTD Amount:	\$	2,602.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00002713

Gross Claim	\$	127.21
Net Claim / Payment Amount	\$	127.21
YTD Amount:	\$	378.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.01157190

Gross Claim	\$	54,259.27
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Net Claim / Payment Amount	\$	54,259.27
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YTD Amount:	\$	161,605.38
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00857090

Gross Claim	\$	40,187.94
Net Claim / Payment Amount	\$	40,187.94
YTD Amount:	\$	119,695.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00284082

Gross Claim	\$	13,320.27
Net Claim / Payment Amount	\$	13,320.27
YTD Amount:	\$	39,673.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.06935067

Gross Claim	\$	325,177.11
Net Claim / Payment Amount	\$	325,177.11
YTD Amount:	\$	968,504.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00575193

Gross Claim	\$	26,970.12
Net Claim / Payment Amount	\$	26,970.12
YTD Amount:	\$	80,327.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00100925

Gross Claim	\$	4,732.25
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Net Claim / Payment Amount	\$	4,732.25
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YTD Amount:	\$	14,094.50
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.04468020

Gross Claim	\$	209,500.19
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Net Claim / Payment Amount	\$	209,500.19
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YTD Amount:	\$	623,973.65
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.06185263

Gross Claim	\$	290,019.68
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Net Claim / Payment Amount	\$	290,019.68
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YTD Amount:	\$	863,792.20
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00151965

Gross Claim	\$	7,125.46
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Net Claim / Payment Amount	\$	7,125.46
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YTD Amount:	\$	21,222.41
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.07571913

Gross Claim	\$	355,038.07
Net Claim / Payment Amount	\$	355,038.07
YTD Amount:	\$	1,057,442.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.10902765

Gross Claim	\$	511,217.79
Net Claim / Payment Amount	\$	511,217.79
YTD Amount:	\$	1,522,606.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.08508095

Gross Claim	\$	398,934.53
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Net Claim / Payment Amount	\$	398,934.53
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YTD Amount:	\$	1,188,183.36
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.03507635

Gross Claim	\$	164,468.87
Net Claim / Payment Amount	\$	164,468.87
YTD Amount:	\$	489,852.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00709090

Gross Claim	\$	33,248.39
Net Claim / Payment Amount	\$	33,248.39
YTD Amount:	\$	99,026.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.02038722

Gross Claim	\$	95,593.27
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Net Claim / Payment Amount	\$	95,593.27
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YTD Amount:	\$	284,714.28
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00419655

Gross Claim	\$	19,677.13
Net Claim / Payment Amount	\$	19,677.13
YTD Amount:	\$	58,606.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.02136060

Gross Claim	\$	100,157.33
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Net Claim / Payment Amount	\$	100,157.33
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YTD Amount:	\$	298,307.78
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00277595

Gross Claim	\$	13,016.10
Net Claim / Payment Amount	\$	13,016.10
YTD Amount:	\$	38,767.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00933257

Gross Claim	\$	43,759.32
Net Claim / Payment Amount	\$	43,759.32
YTD Amount:	\$	130,332.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00003935

Gross Claim	\$	184.51
Net Claim / Payment Amount	\$	184.51
YTD Amount:	\$	549.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00283345

Gross Claim	\$	13,285.71
Net Claim / Payment Amount	\$	13,285.71
YTD Amount:	\$	39,570.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00573357

Gross Claim	\$	26,884.03
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Net Claim / Payment Amount	\$	26,884.03
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YTD Amount:	\$	80,071.24
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00531005

Gross Claim	\$	24,898.20
Net Claim / Payment Amount	\$	24,898.20
YTD Amount:	\$	74,156.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.02295273

Gross Claim	\$	107,622.64
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Net Claim / Payment Amount	\$	107,622.64
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YTD Amount:	\$	320,542.34
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00860765

Gross Claim	\$	40,360.26
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Net Claim / Payment Amount	\$	40,360.26
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YTD Amount:	\$	120,208.66
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00265447

Gross Claim	\$	12,446.50
Net Claim / Payment Amount	\$	12,446.50
YTD Amount:	\$	37,070.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00025333

Gross Claim	\$	1,187.83
Net Claim / Payment Amount	\$	1,187.83
YTD Amount:	\$	3,537.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.02495325

Gross Claim	\$	117,002.84
Net Claim / Payment Amount	\$	117,002.84
YTD Amount:	\$	348,480.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00 County/City Ratio: 0.00206130

Gross Claim	\$	9,665.19
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Net Claim / Payment Amount	\$	9,665.19
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YTD Amount:	\$	28,786.73
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.01071565

Gross Claim	\$	50,244.42
Net Claim / Payment Amount	\$	50,244.42
YTD Amount:	\$	149,647.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000080A
PAYMENT ISSUE DATE: 11/24/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$4,688,882.00

Gross monthly apportionment: \$4,688,882.00

County/City Ratio: 0.00228367

Gross Claim	\$	10,707.86
Net Claim / Payment Amount	\$	10,707.86
YTD Amount:	\$	31,892.26